

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 08:00 AM
Secretary of State

DOCUMENT # A20933

1. Entity Name

HOLLYWOOD PROPERTY ASSOCIATES, LTD.

Principal Place of Business

3620 N. 53 AVENUE

HOLLYWOOD
33021

FL

Mailing Address

3620 N. 53 AVENUE

HOLLYWOOD
33021

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2623893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AGRO DEVELOPMENT CORPORATION

3620 N. 53 AVENUE

HOLLYWOOD

33021

US

FL

Name

AGRO DEVELOPMENT CORPORATION

Street Address (P.O. Box Number is Not Acceptable)

3620 N. 53 AVENUE

City

HOLLYWOOD

FL

Zip Code
33021

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE AMNON GOLAN, PRES., AGRO DEVELOPMENT

04/27/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

as Shown on record. 1,050,845.00

10. Amount of Capital Contributions

in FLORIDA to date. 103,999.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

AGRO DEVELOPMENT CORP.

3620 N. 53 AVENUE

HOLLYWOOD FL 33021

STREET ADDRESS

11860 W STATE RD 84, B-15

CITY-ST-ZIP

DAVIE FL 33325

DOCUMENT #

NAME

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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: AMNON GOLAN, PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

PRES 04/27/2001

Date

Daytime Phone #

CR2E003 (11/00)